Meeting Minutes
Health Information Technology Council Meeting

October 6, 2014
3:30 – 5:00 P.M.

One Ashburton Place, 21st floor Conference Room
Boston, MA

Meeting Attendees

Name	Organization	Attended
John Polanowicz	*(Chair) Secretary of the Executive Office of Health and Human Services*	No
Manu Tandon	*(Chair) Secretariat Chief Information Officer of the Executive Office of Health and Human Services, Mass HIT Coordinator*	Yes
Bill Oates	*Chief Information Officer, Commonwealth of Massachusetts*	Yes
David Seltz	*Executive Director of Health Policy Commission*	No
Aron Boros	*Executive Director of Massachusetts Center for Health Information and Analysis*	No
Laurance Stuntz	*Director, Massachusetts eHealth Institute*	Yes
Eric Nakajima	*Assistant Secretary for Innovation Policy in Housing and Economic Development*	Yes
Patricia Hopkins MD	*Representative from a small Physician group Practice Rheumatology & Internal Medicine Doctor (Private Practice)*	No
Meg Aranow	*Senior Research Director, The Advisory Board Company*	Phone
Deborah Adair	*Director of Health Information Services/Privacy Officer, Massachusetts General Hospital*	Yes
John Halamka, MD	*Chief Information officer, Beth Israel Deaconess Medical Center*	Phone
Normand Deschene	President and Chief Executive Officer , Lowell General Hospital	Phone
Jay Breines	Community Health Center	No
Robert Driscoll	*Chief Operations Officer, Salter Healthcare*	Yes
Michael Lee, MD	*Director of clinical Informatics, Atrius Health*	Phone
Margie Sipe, RN	*Performance Improvement Consultant; Massachusetts Hospital Association (MHA)*	Yes
Steven Fox	*Vice President, Network Management and Communications, Blue Cross Blue Shield MA*	Phone
Larry Garber, MD	*Medical Director of Informatics, Reliant Medical Group*	Phone
Karen Bell, MD	*Chair of the Certification Commission for Health Information Technology (CCHIT) EOHED*	No
Kristin Madison	*Professor of Law and Health Sciences, Northeastern School of Law, Bouve college of Health Sciences*	Phone
Daniel Mumbauer	*President & CEO, Southeast Regional Network, High Point Treatment Center, SEMCOA*	No
Jessica Costantino	Director of Advocacy, AARP Massachusetts	Phone
Kristin Thorn	*Acting Director of Medicaid*	*

*Rick Wilson attended on behalf of Kristin Thorn.

Guest

Name	Organization
Robert McDevitt	EOHHS
Darrel Harmer	EOHHS
Kathleen Snyder	EOHHS
Amy Caron *	EOHHS
Bala Burra EOHHS	EOHHS
Claudia Boldman	ITD
Jennifer Monahan	MAeHC
Mark Belanger	MAeHC
Rick Wilson	Mass Health
David Bachand	NEQCA / Tufts
Liz Reader	NEQCA / Tufts
David Smith	MHA
Lisa Fenichel	Consumer Healthcare / Advocate
Ryan Ingram	Mass Dental Society

*Attended via phone.

Meeting called to order – minutes approved

The meeting was called to order by Manu Tandon at 3:30 P.M.

The Council reviewed minutes of the September 8, 2014 HIT Council meeting. The minutes were approved with one correction.

Discussion Item 1: Operations Update (Slides 3-11)

See slides 3-11 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

An update on the Mass HIway was presented by Darrel Harmer, Associate Chief Information Officer – Health Information Exchange at EOHHS.

(Slide 4) HIway Operations Update – Last month 13 new Participation Agreements (PA) were signed – bringing the total to 237 organizations. *Note: The total was adjusted to reflect the one additional organization previously listed, but not counted.*

(Slide 5) HIway Operations Update Cont. – 6 new organizations are connected to the HIway.

(Slide 6) HIway Operations Update Cont. – We are close to 4 million transactions sent over the HIway. Last month was one of the busiest months – over 558, 029 transactions were sent. Month over month growth over the past year was at 14% and 49% over the past 3 months.

(Slide 7) Mass HIway Use Analysis –We are using the senders address and the recipients address right now to determine what kind of transactions are going over the HIway. There are four main categories: Provider to Provider, Provider to Public Health, Provider to Quality Data Center, and Provider to Payer.

Comment (Mark Belanger): The big news in the newest numbers is that the Provider to Provider transactions are up.

- Question (Laurance Stuntz): The totals are off by 250. Does this number account for test versus production?
    - Answer (Darrel Harmer): The [transaction activity on slide 6] number does include the test and production transactions. The [production transaction analysis on slide 7] takes all of the test transactions out. It requires a fair amount of manual data massaging right now to scrub out the test transactions.
    - Comment (Laurance Stuntz): The chart before shows significant growth but it is hard to tell if that is real growth.
    - Comment (Eric Nakajima): If you look back at the chart and the order of magnitude of the increases that are occurring, even if you know 317 transactions in September were in production and the rest were test, it is highly likely you are seeing a ramp up. There has to be a dramatic increase in production or you couldn't possibly get to some of these numbers.
    - Comment (Laurance Stuntz): I know there is an increase, just trying to get an idea of how big it really is for August.
    - Comment (Darrel Harmer): We can go back and look at that.
    - Comment (John Halamka): Clearly June and July Stage 2 Meaningful Use attestations resulted in a frantic increase in use. I hope that as we go forward with the October 2015 reporting period that people will really ramp up their provider to provider transactions.

(Slide 8) Progress Relative to SFY' 15 Targets – This slide continues to be a work in progress. We are showing zero for new organizations in production last month and we are still normalizing the numbers and setting the baselines. By next month we should start to be able to see real progress and are still aiming for the 421 organizations transacting over the HIway by the end of June.

(Slide 9) HIway Release Schedule – There is nothing new on this chart since last month. We are still on track with release 2 of the Healthcare Provider Portal (HPP) which is the precursor to self-service for the providers. Once the Access Administrator is set up the providers can be trained and start managing their own information moving forward. The Children's Behavioral Health Initiative (CBHI) is still on track for a December or early January go-live.

(Slide 10) Communications & Outreach- The Account Management team has reached out to all existing customers as far as a reengagement campaign. They are checking in, reengaging and finding out what is needed to get them actively transacting. The team is identifying the barriers and helping troubleshoot.

- Comment (Mark Belanger): As Darrel was saying we did contact everyone. A majority of customers that are not live are stuck behind an EHR vendor that cannot connect to the HIway yet. Our strategy is to focus first on the top 15 EHR vendors in the state, to identify the vendors and versions that are able to connect right now, and to recruit and onboard providers behind the connected high priority vendors. Overall we are trying to do this in a way that brings the most benefit.

There was a Webinar on September 11th hosted by the Massachusetts eHealth Institute (MeHI) on operationalizing consent – 77 attendees. John Halamka and Christine Griffin from Partner's/Massachusetts General presented.

- Comment (John Halamka): Since the last meeting we found that the nature of the construction of the consent form is very important –we had met with our Patient and Family Engagement Council and they said we really want meaningful consent and the option to say exactly what we want. However, at 3 o'clock in the morning a multiple choice exam becomes challenging. We found that many patients were answering some questions and not others and we ended up with an ambiguous response. There is room for improvement and new version is in the works- we will then be able to give you hard data on true opt-in percentages.
- Comment (Michael Lee): We are having the most difficulty around processing the form and figuring out how to input the data into Epic. Right now the process is lengthy and there is a backlog of forms, but we do plan to staff up. The HIway Frequently Asked Questions (FAQ) document lists the HIway as the contact for questions- we did not add our own, but many patients were sent back to us so we are setting up an email inbox for patients.

A Mass HIway Participant Digest was distributed on September 17th – distributed monthly to include important updates, changes and various notices to customers. There will be another Webinar on October 9th about the Provider Directory- already over 80 attendees registered. The new HIway website will be launched in mid-October- the Uniform Resource Locator (URL) will be the same.

(Slide 11) Health Information Service Provider (HISP) to HISP Connectivity – There are changes with eClinicalWorks (eCW) and Surescripts – both have completed testing and are on the verge of going live. eCW is finishing their training and should hit at the end of the month. Surescripts is waiting on the HIway for a non-production certificate to separate production from non-production transactions. We are still waiting on McKesson to sign their Participation Agreement.

- Question (John Halamka): Congress is concerned about interoperability and the vendors have been targeted for blocking and are now starting to drop barriers to commerce. We saw how a little pressure on eCW led to a free HIway connection – I am curious, are you starting to see as we bring on HISPs and vendor partners that the market is pushing back on transaction fees?

- Answer (Darrel Harmer): No evidence of that yet.
- Comment (John Halamka): Basically I hear that we are shaming some of the vendors to give it away for free. The HIway is charging so little that it is hard for a vendor to turn around and charge large amounts – a market response to eliminating postage stamps on email.
- Comment (Michael Lee): They [Epic] are not charging us for Epic to Epic transactions but I am not sure what the individual transaction fee will be [for Epic to non-Epic].
- Comment (John Halamka): Carl Dvorak [Epic Chief Operating Officer] joked that he will be starting a blog called "The View from Under the Bus" - Epic is the root of all evil. He is feeling pressure from Congress and others to make interoperability easy and cheap.
- Comment (Michael Lee): The vendors are being blamed in the Ebola outbreak.

Discussion Item 3: Follow-up on Consent (Slide 13)

See slide 13 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

An update on the consent implementation was provided by Darrel Harmer.

(Slide 13) Follow up on Consent – Thank you to Deborah Adair's team for translating the form in Spanish.

- Comment (Deborah Adair): We will have our [opt in consent] numbers in about 2 weeks.
- Comment (Michael Lee): We still have not figured out what the workload is going to be to consume all of this information and what we are going to do when the information gets to where it needs to be. Looking at where we can get the most value as we get the Relationship Listing Service (RLS) going – where are these transactions most needed.
- Comment (Deborah Adair): We have transitioned our consent implementation group into an HIE operations group- that is exactly the type of thing we are talking about now.
- Comment (John Halamka): Addressing is so important – in the middle of the night when a patient comes in, what Direct address do we use to ensure it gets to someone and can be answered quickly. That is where the organizational address will be important- the Emergency Department (ED) can have its own mailbox. All of these interesting operational use cases may require different levels of addressing - and it needs to be obvious so providers are not overwhelmed by the places to look.
- Comment (Deborah Adair): We have our doctors identify individually. What happens is they come into our core hub, we send a notification email with a link to the doctor. The link goes to a document which is housed in a document repository in the notes viewer. The problem is that the patients note is starting to get cluttered with these things. That is one of the issues we are talking about now. Do we store them in a separate place and still use the link - hundreds will be coming in.
- Comment (John Halamka): One of the things that comes up frequently in Washington is – once you have seen one Consolidated Clinical Document Architecture file (CCDA) you have

seen one CDA and that a lot of CCDA's in transitions of care are so filled with chaff it's hard to find the wheat. We are going to rely on Larry Garber to figure this out for the country! We want the elimination of optionality so that when we receive the documents we know what they will contain and we know how to navigate them. Having 17 different free text notes incorporated in one CCDA is not a useful transition of care document.

Discussion Item 4: Query & Retrieve Pilots (Slides 15 –16)

See slides 15-16 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

An update on the Query and Retrieve pilots was provided by Darrel Harmer.

(Slide 15) Query & Retrieve Dashboard - A dashboard of where the Query and Retrieve pilot sites are in the process was displayed. As John said, Beth Israel Deaconess (BID) went live last week! Holyoke and Atrius will be live later in November and Tufts will be live later this month. Massachusetts General Hospital/Partners are working out what the best timeline is.

- Comment (Deborah Adair): We had some back and forth discussion about whether it would be Partner's versus the individual hospitals [populating the RLS] –We are now thinking it is going to be the Partners organization.

(Slide 16) Query & Retrieve Update – BID is sending live Admit Discharge Transfer (ADT) messages- almost 8 thousand. There was a minor glitch that was preventing the 'Yes' ADT's from going. Holyoke is production ready, but reviewing the consent process. Tufts is still finalizing coming on live.

- Comment (John Halamka): On the 15th the Standards and Policy Committee will draft the interoperability road map. We are going to see a new energy from The Office of the National Coordinator for Health Information Technology (ONC) around interoperability. The draft Meaningful Use Stage 3 requirements have been passed around to a limited group internally – they are less prescriptive around functionality and there is more focus on workflows – instead of requiring Extensible Markup Language (XML) smoking status to people with bad eye sight.
- Question (Audience - Lisa Fenichel): What exactly does provider mean in provider to provider transactions? Is that including intra-organizational transactions?
    - Answer (Mark Belanger): If an organization decided to have 2 nodes it may be intra-organizational but in most cases it is one organization to another.

Discussion Item 5: Wrap-Up (Slide 18)

See slide 18 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Wrap-up presented by Darrel Harmer.

The schedule for the 2014 and 2015 HIT Council Meetings was provided*.

- ~~September 8~~
- ~~October 6~~
- **November 3**
- December 8

2015 Meeting Schedule:

- *No meeting scheduled in January 2015*
- February 2
- March 2
- April 6
- May 4
- June 1
- July 6
- August 3
- September 14 *(1st Monday of September is Labor Day)*
- October 5
- November 2
- December 7

** All meetings will be held from 3:30-5:00 PM at One Ashburton Place, 21st floor*

The HIT Council meeting was adjourned at 4:04 P.M.